



**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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To: Supervisor Hilda Solis, Chair  
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Supervisor Sheila Kuehl  
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Supervisor Michael D. Antonovich, Mayor

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From: Philip L. Browning  
Director

**DAVID AND MARGARET YOUTH AND FAMILY SERVICES GROUP HOME QUALITY ASSURANCE REVIEW**

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of David and Margaret Youth and Family Services Group Home (the Group Home) in May 2015. The Group Home has one site located in the Fifth Supervisorial District. The Group Home provides services to the County of Los Angeles DCFS placed children and youth. According to the Group Home's program statement, its stated mission is, "to provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior."

The QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the Group Home's practices and services over the most recent 90 days. The Group Home scored at or above the minimum acceptable score in all 9 focus areas: Safety, Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, Teamwork and Tracking & Adjustment.

In August 2015, OHCMD quality assurance reviewer met with the Group Home to discuss results of the QAR and to provide the Group Home with technical support to address methods of maintaining the current level of service.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:KR:rds

**Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Public Information Office  
Audit Committee  
Charles Rich, Executive Director, David and Margaret Youth and Family Services  
Lajuannah Hills, Regional Manager, Community Care Licensing Division  
Lenora Scott, Regional Manager, Community Care Licensing Division

*"To Enrich Lives Through Effective and Caring Service"*

**DAVID AND MARGARET YOUTH AND FAMILY SERVICES GROUP HOME  
QUALITY ASSURANCE REVIEW (QAR)  
FISCAL YEAR 2014-2015**

**SCOPE OF REVIEW**

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of David and Margaret Youth and Family Services Group Home (the Group Home) in May 2015. The purpose of the QAR is to assess the Group Home's service delivery and to ensure that the Group Home is providing children with quality care and services in a safe environment, which includes physical care, social and emotional support, education and workforce readiness, and other services to protect and enhance their growth and development.

The QAR is an in-depth case review and interview process designed to assess how children and their families are benefiting from services received and how well the services are working. The QAR utilizes a six-point rating scale as a *yardstick* for measuring the situation observed in specific focus areas. The QAR assessed the following focus areas:

Status Indicators:

- Safety
- Permanency
- Placement Stability
- Visitation

Practice Indicators:

- Engagement
- Service Needs
- Assessment & Linkages
- Teamwork
- Tracking & Adjustment

For Status Indicators, the reviewer focuses on the child's functioning during the most recent 30 day period and for Practice Indicators, the reviewer focuses on the Group Home's service delivery during the most recent 90 day period.

For the purpose of this QAR, interviews were conducted with three focus children, three Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), three Group Home staff members, and one Group Home administrator.

At the time of the QAR, the placed children's average number of placements was three, their overall average length of placement was 15 months and their average age was 17. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2014-2015 Contract Compliance Review.

### QAR SCORING

The Group Home received a score for each focus area based on information gathered from on-site visits, agency file reviews, DCFS court reports and updated case plans, and interviews with the Group Home staff, DCFS CSWs, service providers, and the children. The minimum acceptable score is 6 in the area of Safety and 5 in all remaining areas.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
<b>Safety</b> - The degree to which the Group Home ensures that the child is free of abuse, neglect, and exploitation by others in his/her placement and other settings.	6	6	<b>Optimal Safety Status</b> - The focus children are optimally and consistently avoiding behaviors that cause harm to self, others, or the community and are free from abuse, neglect, exploitation, and/or intimidation in placement.
<b>Permanency</b> - The degree to which the child is living with caregivers, who are likely to remain in this role until the child reaches adulthood, or the child is in the process of returning home or transitioning to a permanent home and the child, the Group Home staff, caregivers and CSW, support the plan.	5	5	<b>Good Status</b> - Focus children have substantial permanence. The focus children live in a family setting that the children, Group Home staff, caregivers, caseworker, and team members have confidence will endure lifelong.
<b>Placement Stability</b> - The degree to which the Group Home ensures that the child's daily living, learning, and work arrangements are stable and free from risk of disruptions and known risks are being managed to achieve stability and reduce the probability of future disruption.	5	6	<b>Optimal Stability</b> - The focus children have optimal stability in placement settings and enjoy positive and enduring relationships with primary caregivers, key adult supporters, and peers. There is no history of instability over the past 12 months and little likelihood of future disruption. Only age-appropriate changes are expected in school settings.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
<b>Visitation</b> - The degree to which the Group Home support important connections being maintained through appropriate visitation.	5	6	<b>Optimal Maintenance of Visitation &amp; Connections</b> - Fully effective connections are being excellently maintained for all significant family/Non-Related Extended Family Member (NREFM) through appropriate visits and other connecting strategies. All appropriate family/NREFM have regular and where appropriate, increasingly frequent visits.
<b>Engagement</b> - The degree to which the Group Home staff working with the child, biological family, extended family and other team members for the purpose of building a genuine, trusting and collaborative working relationship with the ability to focus on the child's strengths and needs.	5	6	<b>Optimal Engagement Efforts</b> - To a strong degree, a rapport has been developed, such that the Group Home, DCFS CSW, certified foster parents and the focus children feel heard and respected. Reports indicate that good, consistent efforts are being used by the Group Home as necessary to find and engage the focus children, caregivers and other key people. Useful accommodations are used to provide scheduling times and locations based on convenience of appropriate parties. Engagement efforts are made frequently and on an ongoing basis.
<b>Service Needs</b> - The degree to which the Group Home staff involved with the child, work toward ensuring the child's needs are met and identified services are being implemented and supported and are specifically tailored to meet the child's unique needs.	5	6	<b>Optimal Supports &amp; Services</b> - An excellent array of supports and services fully matches intervention strategies identified in the case plan. The services are substantially helping the focus children make progress toward planned outcomes. A highly accessible and dependable combination of informal and, where necessary, formal supports and services are available, appropriate, used and seen as very satisfactory. The array provides a wide range of options for appropriate treatment interventions and selection of providers.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
<b>Assessment &amp; Linkages</b> - The degree to which the Group Home involved with the child and family understand the child's strengths, needs, preferences, and underlying issues and services are regularly assessed to ensure progress is being made toward case plan goals.	5	6	<b>Optimal Assessment and Understanding</b> - The focus children's functioning and support systems are comprehensively understood. Knowledge necessary to understand the focus children's strengths, needs and preferences is continuously updated.
<b>Teamwork</b> - The degree to which the "right people" for the child and family have formed a working team that meets, talks, and makes plans together.	5	6	<b>Optimal Teamwork</b> - The team contains most of the important supporters and decision makers in the focus children's life, including informal supporters. The team has formed a good, dependable working system that meets, talks and plans together.
<b>Tracking &amp; Adjustment</b> - The degree to which the Group Home who is involved with the child and family is carefully tracking the progress that the child is making, changing family circumstances, attainment of goals and planned outcomes.	5	6	<b>Optimal Tracking and Adjustment Process</b> - Intervention strategies, supports and services being provided to the focus children are highly responsive and appropriate to changing conditions. Highly successful modifications are based on strong knowledge of what things are working and not working for the focus children.

**STATUS INDICATORS**  
(Measured over last 30 days)

**What's Working Now (Score/Narrative of Strengths for Focus Area)**

**Safety (6 Optimal Safety Status)**

**Safety Overview:** The Group Home's safety status was optimal. The Group Home's Program Director, Group Home therapist and staff ensure that the focus children feel safe in placement. The Group Home's safety program provides continuous contact with each placed child. The Group Home staff performs a visual check every 15 minutes and this information is logged. The Group Home provides additional support to the cottage counselors with an Intervention Officer that will assist in the

event of a crisis situation on the Group Home grounds. The Group Home staff is equipped with walkie-talkies and cell phones that are used to assist in monitoring activity at the Group Home. The Group Home staff is able to follow and engage any focus child leaving the campus unauthorized and report the information to the campus for required action. The Group Home provides an array of services to assist with keeping placed children safe. Due to the high risk behavior of the children that are accepted in the Group Home, the Group Home has developed procedures for working with placed children who exhibit these high risk behaviors. The Group Home immediately responds to safety issues and ensures children are appropriately placed, assessed and received the needed services timely.

The focus children reported that they feel safe and comfortable in their Group Home. The focus children stated that the Group Home staff are always around and make themselves available to talk to the focus children and work to keep the Group Home a safe place to live. The Group Home staff reported that the Group Home Program Director provides them with ongoing trainings, which include addressing current issues that arise in the Group Home along with standard training requirements. The DCFS CSWs reported that the Group Home staff communicates with them promptly and consistently shares information regarding the focus children with them.

The Group Home submitted 60 Special Incident Reports (SIRs) via the I-Track database in the last 30 days. The Group Home submitted one SIR in each of the following categories: Self-Injurious Behavior; Suicidal Ideation; Suicide Attempt; Hospitalization (Medical); and Hospitalization (Psychiatric). There were a total of ten SIRs submitted for Substance Abuse; five for Injury; three for Assaultive Behavior (Peer); 15 SIRs were identified as "Other" and 21 SIRs involved AWOLing behavior.

The Group Home adhered to policies and procedures for submitting SIRs, as they were submitted timely and properly cross-reported. While the Group Home has a high number of SIRs, it should be noted that the Group Home services a high risk population who present challenging behaviors, such as self-injurious behavior, suicidal ideation, running away and substance abuse. Eight SIRs involved the focus children.

There were four SIRs submitted regarding the first focus child. The first SIR involved the focus child "playfully hitting" another focus child on the forehead. The next three SIRs involved the focus child AWOLing from the Group Home. Upon her return to the Group Home, the focus child was interviewed and her belongings were checked for contraband. The incidents were addressed by her cottage manager and with her assigned Group Home therapist.

There was one SIR regarding the second focus child. The incident involved the focus child engaging in self-injurious behaviors. The Group Home staff contacted law enforcement and the fire department and the focus child was transported to the hospital for an evaluation. Once the focus child returned to the Group Home, she was placed on "Watch", which involves being assigned a Group Home staff person to be with her at all times, except for bathroom breaks, until she could be assessed by the therapist before being taken off the "Watch" alert.

There were three SIRs reported for the third focus child. The first SIR involved the focus child being involved in a physical altercation with another resident. The other two SIRs involved the focus child being AWOL from the Group Home grounds.

The Group Home Case Manager stated they followed their standard procedures regarding addressing the SIRs. The Group Home case manager stated the focus children are given consequences on a Level System; the Level System is a behavioral system that offers rewards and consequences for what is viewed as positive and negative behaviors. Placed children who engage in negative behaviors are followed-up by the cottage manager who counsels them on their behavior. This is also addressed in therapy and in their Anger Management Program.

Based on the QAR, the protective strategies used by the Group Home were fully operable and dependable. The DCFS CSWs interviewed reported not having any safety concerns regarding the care that the focus children received. The Out-of-Home Care Investigations Section reported that there were no substantiated referrals or open investigations for the Group Home during the last 30 days.

### **Permanency (5 Good Status)**

**Permanency Overview:** The Group Home provides substantial permanency. The Group Home's programs expand from shelter care to transitional housing, which assists each placed child to achieve their permanence goals. The Group Home's intake procedures allows placed children to transition from the residential setting that best addresses their needs without a placement disruption. The Group Home works with the focus children, the parents, and the DCFS CSWs to assist them in the development of the permanent plans for the focus children. The Group Home Case Manager stated that one of its primary goals is to connect every focus child with an adult/mentor prior to their discharge for lifelong support.

The Group Home maintains constant contact with the DCFS CSW by holding monthly Child Family Team (CFT) meetings, phone calls and emails to discuss case plan goals of permanency for the focus children. In addition, the Group Home staff meets with each DCFS CSW during their scheduled monthly visit to the Group Home to discuss the focus child's individual case plan goals. The permanency plans, goals, and progress made by each of the focus children is discussed and evaluated during weekly team meetings led by the Group Home therapist and the Group Home staff.

The DCFS CSWs reported that the Group Home ensures that everyone is on the same page in regard to the best interests of the focus children and assists the focus children in maintaining family ties. The DCFS CSWs reported that they are in constant communication with the Group Home staff to ensure that the Group Home is following DCFS recommendations and supporting the permanency plan for the focus children.

The focus children stated that they are made aware of their permanent plans during weekly meetings with the Group Home staff and the monthly meetings with their DCFS CSW.

The first focus child's permanency plan is Permanent Planned Living Arrangement (PPLA) with an emphasis on family finding efforts. The DCFS CSW is working with the focus child's mother to

identify any appropriate and willing family members and NREFMs to provide placement for the focus child. The focus child stated that her plan is to transition to extended foster care after she graduates high school.

The second focus child's permanency plan is PPLA with family finding efforts being made on behalf of DCFS. The DCFS CSW stated they are working with the mother to identify any appropriate and willing family members and NREFMs to provide placement for the focus child. The focus child has stated that her plan is also to transition to extended foster care program after she graduates high school.

The third focus child's permanency plan is also PPLA. The DCFS CSW stated they would explore extended family members for a placement option. The focus child stated that she expects to transition to extended foster care.

### **Placement Stability (6 Optimal Stability)**

**Placement Stability Overview:** The focus children have optimal stability in placement and good positive relationships with Group Home staff, therapist, rehabilitation specialist, runaway social worker, Saving Innocence Case Manager, cottage supervisor, residential counselor, and other key adult supporters. The Group Home provides a wide range of programming options to address the needs of the focus children. The Group Home's programs allows them to offer residential housing for specific care needs such as, mental health treatment, substance abuse treatment and Commercial Sexual Exploitation of Children (CSEC). The Group Home takes responsibility in ensuring that the focus children receive the treatment needed for them to become stable in all areas. The Group Home ensures that the staff receives support and training to meet the needs of placed children and to assist them in establishing positive relationships, further ensuring permanency and stability.

Each of the focus children expressed that they could speak with any of the Group Home staff members to discuss a need or concern. The focus children reported that the Group Home is meeting all of their needs and they have formed a good, supportive relationship with the staff. All three focus children expressed a desire to remain in this Group Home.

The DCFS CSWs stated they did not have any concerns about the focus children's placement stability at the Group Home. The Group Home staff discusses placement issues as they arise. In addition, the Group Home staff meets with each DCFS CSW during their scheduled monthly visit to discuss the focus child's individual plans with placement being a part of the discussion. During weekly meetings with the Group Home staff, placement stability is discussed and evaluated for each focus child.

### **Visitation (6 Optimal Maintenance of Visitation & Connections)**

**Visitation Overview:** Fully effective connections are excellently maintained for all of the focus children and their significant family/NREFMs through appropriate visits and other connecting strategies. The Group Home has family visit weekends twice a month on the campus to encourage and maintain family connections for the focus children. The Group Home also monitors on campus



visits each weekend to accommodate all of the focus children, ensuring they maintain contact with their families.

The Group Home staff ensures that the arranged off-campus visits are convenient for the parents to ensure that family visitation is occurring regularly for the focus children. The Group Home staff then follows the recommendations and visitation guidelines set by the DCFS CSWs. The Group Home staff encourages the focus children to maintain regular contact with their families. The Group Home representatives stated they discuss and review the visitation plans during the CFTs with DCFS CSWs, parents, NREFMs, focus children, and Group Home staff.

The first focus child stated that she had visits with her mother and extended family members every weekend and that she enjoys the visits. The DCFS CSW stated the focus child has unmonitored visits at the Group Home and away from the Group Home.

The second focus child stated she enjoys her weekend visits at the Group Home with her mother and stepfather; however her off-site visits have been disrupted due to the focus child's behaviors. The focus child's home passes are based on her behavioral contract, which is part of her Needs and Services Plan (NSP). The Group Home case manager stated that they will provide roundtrip transportation for home passes, once it is approved by the DCFS CSW.

The third focus child stated she has visits with her mother every weekend and that she enjoys the visits. The DCFS CSW stated the focus child has unmonitored visits both at the Group Home and away from the Group Home

The DCFS CSWs indicated that the Group Home staff makes great efforts to ensure focus children's visits are successful.

**PRACTICE INDICATORS**  
*(Measured over last 90 days)*

**What's Working Now (Score/Narrative of Strengths for Focus Area)**

**Engagement (6 Optimal Engagement Efforts)**

**Engagement Overview:** Reports indicate that excellent efforts are being used by the Group Home staff necessary to find and engage the focus children, their families, DCFS CSWs and other key people. The Group Home initiates an intentional engagement process at the start of the focus child's placement by coordinating assessments and engagement with the various residentially based program team members at the Group Home. Because the Group Home has several in-house programs and services, as well as coordinating community service programs through their campus, this allows for convenient scheduling times and consistent engagement. The Group Home has Emergency Shelter Care, Addiction Recovery, Self-Injury Prevention Program, CSEC, Mentoring, Mental Health Services, Community Based Services, and the Learning Enhancement Center. For example, placed children are enrolled in school while they are placed in the Emergency Shelter Care program, as the Group Home has an on campus Non-Public School.

The Group Home Case Manager stated that all of the focus children are consistently interacting with key parties on a daily basis. The DCFS CSWs and the three focus children stated they meet at least monthly in CFTs, weekly with service providers. The Group Home Case Manager stated their program is structured to engage and build a working relationship with the focus children and their families all in an effort to achieve the best outcomes for the focus children.

### **Service Needs (6 Optimal Supports & Services)**

**Service Needs Overview:** The Group Home provides an excellent array of residential supports and services that fully match intervention strategies identified for the focus children. The Group Home works toward ensuring the focus children's needs are met and that identified services are being implemented, as stated in their case plan. Every focus child is receiving two or more services and supports that address the goals of their NSPs. All of the focus children reported that their needs are being met. There is a constant review of resources to ensure positive outcomes for the focus children. The Group Home Case Manager reported that placed children could be referred to a mentoring program if they express an interest.

The first focus child stated that she participates in weekly individual therapy; individual rehabilitation therapy; life skills group; substance abuse meetings; and tutoring. The focus child has shown improvement in exhibiting less aggressive behavior towards staff and a decrease in AWOLing behavior. The focus child was assigned a mentor from the Saving Innocent Program. The focus child also receives daily living skills support through the daily cottage milieu by participating in and completing cottage chores. She also participates in the structured recreational activities to promote social skills provided by recreation staff such as, a running club, arts and crafts, yoga, bike riding and dancing.

The second focus child participates in individual therapy but does not like to stay for the entire session. The focus child participates in family therapy at least once monthly. The therapist reported the family appears to be making progress toward providing more structure in the home. The focus child receives mental health services and behavioral rehabilitation services. Monthly CFT meetings are held for the focus child. The focus child also participates in the following groups: life skills group, seeking safety group and anger management group. However, the Group Home Case Manager stated that the focus child often chooses not to participate in some of the groups. The focus child also participates in the structured recreational activities to promote social skills provided by the Group Home recreation staff such as, board games, bike riding, going to the skate park, and junior women's club. The focus child also receives daily living skills support through the daily cottage milieu by participating in and completing cottage chores. The focus child is also provided with tutoring services and has a mentor. The Group Home's psychiatrist provides medication monitoring, as needed.

The third focus child participates in individual therapy, monthly CFT meetings with her therapist, DCFS CSW, case manager and family members at the Group Home. She participates in the anger management group, life skills group, and seeking safety group and tutoring. The focus child also has a mentor. The psychiatrist provides medication monitoring, as needed. The focus child was able to attend the on-grounds school while placed in the Emergency Shelter Care program and transitioned to the off-grounds school once she moved to the residential program without any disruption in schooling. The Group Home staff provides transportation to and from school. The focus child also

receives daily living skills support through the daily cottage milieu by participating in and completing cottage chores. The focus child participates in the structured recreational activities to promote social skills provided by the Group Home recreation staff such as soccer games, bowling, ceramics, arts and craft, and junior women's club.

The DCFS CSWs reported that they communicate with the Group Home on a regular basis to ensure that the appropriate services are in place for the focus children.

### **Assessment & Linkages (6 Optimal Assessments and Understanding)**

**Assessment & Linkages Overview:** The Group Home has a comprehensive understanding of the focus children's functioning and support systems. Based on the broad array of supports and programming, the Group Home is able provide each focus child with good initial and ongoing assessments, which is continually updated. The Group Home staff seeks to link the focus children with services that will increase their overall well-being. The Group Home encourages the focus children to complete a self-assessment by using Daily Point Sheets, which tracks their progress on the case plan goals and the computer based Casey Life Skills Assessment as well.

The DCFS CSWs stated that they and the Group Home staff constantly team to discuss and re-visit the treatment goals in place to ensure that the goals are appropriate and that the focus children are meeting their goals. The DCFS CSWs reported that if the treatment goals are not sufficient, the goals are modified.

CFT meetings are held based on the focus children's needs and range in frequency from weekly to monthly. The meetings consist of most of the key members in the decision-making, including the focus children and their parents and extended family members. The DCFS CSWs reported that they communicate and participate in CFTs with the Group Home staff and other key members on a regular basis. They also reported that they receive the NSPs quarterly, and they are invited to the CFT held monthly by the Group Home on behalf of the focus children.

### **Teamwork (6 Optimal Teamwork)**

**Teamwork Overview:** The team contains all of the important supporters and decision makers in the focus children's lives, including the parent, NREFMs, Group Home staff, DCFS CSWs and a broad array of service providers from the Group Home and community partners that provide services to the focus children. The Group Home staff maintains constant contact via monthly CFT meetings, phone contact and emails with the DCFS CSWs to discuss goals, treatment options, focus children's progress, and placement issues for the focus children. The Group Home Case Managers maintain regular monthly contact with the focus children and their family, the DCFS CSWs and all key members of the team. The team consists of the focus children and their family members, the DCFS CSW, Group Home social worker and the therapist. The team has formed a good, dependable working system that has ongoing discussions and works collaboratively in case planning.

The Group Home's program and service providers function collectively as a fully unified and consistent team in planning and evaluating results. This clearly is reflected in a coordination of services across and among the Group Home's programs and community providers for the focus

children. The focus children receive ongoing feedback regarding their participation and progress from the various service providers ranging from daily, weekly, and monthly communication.

As part of the intake process the Group Home case manager initiates a CFT meeting with as many key members as possible. Then monthly CFT meetings are coordinated with the DCFS CSWs monthly visits. All three focus children's parents and family members attended their initial CFT meetings; their attendance provided the team with important insight into the families' strengths and needs. Each of the focus children reported having a CFT meeting. The team worked together to develop a specific plan for each focus child. The team has an array of professionals and programs both onsite at the Group Home and in the community to provide services immediately. The focus children's case managers coordinate the services that are agreed upon during the CFTs.

The first focus child reported meeting and discussing her case plan and services in a CFT with her Group Home case manager, mental health therapist, DCFS CSW, Runaway social worker and a Saving Innocence case manager. The focus child's mother participated by phone from her treatment program. The other two focus children reported attending a CFT where they discuss their case plan and services with their Group Home case manager, mental health therapist, DCFS CSW, mother and family members. The case manager for the focus children stated that they relay any changes to the case plan to the other team members who are not present.

The DCFS CSWs reported that they maintain regular contact with the Group Home to coordinate meetings. The DCFS CSWs reported that they continuously team with the Group Home in order to meet the best needs of the focus children.

### **Tracking & Adjustment (6 Optimal Tracking& Adjustment Process)**

**Tracking & Adjustment Overview:** The Group Home's programs are highly responsive and appropriate to the changing conditions for each of the focus children. The programs provide continuous ongoing monitoring and tracking. The Group Home team communicates the focus children's status and service results regularly to the team. Timely and smart adjustments are being made to ensure the wide array of resources in place are helping the focus children achieve treatment goals; and when progress is not made, the team modifies the goals.

The tracking of goals and progress, as well as the adjustments are captured in several methods; information on the progress of the goals is discussed in the CFTs on a monthly basis and the team makes changes as needed; the Group Home case manager stated the Goal Accomplishment Tracking Sheet is used to track goals daily and the information is then shared with the focus child each day by the P.M. shift. The Group Home case manager stated that information from the various programs are being communicated to the key team members on a flow basis, which allows for continuous updating of the focus children's progress.

The Group Home case manager also stated that the focus children are given consequences on the Level System, which is a behavioral system that offers rewards and consequences for what is viewed as positive and negative behaviors. There are four levels: Gold, Silver, Bronze, and Nickel. The focus children are given points daily for positive behaviors and points are deducted for negative

behaviors. The more they earn, the higher level they will achieve and be eligible to receive rewards ranging from gift cards to community passes.

The DCFS CSWs also maintain monthly contact or, as often as needed with the Group Home staff and the focus children to ensure any necessary adjustments to the NSP goals are made.

### **NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES**

In April 2015, OHCMD provided the Group Home with technical support related to findings indicated in the 2014-2015 Contract Compliance Review, which consisted of the following: discussion of timely reporting of SIRs; reducing Community Care Licensing violations; documenting contacts on NSPs; ensuring staff have timely criminal background checks; and timely health screening.

In August 2015, OHCMD quality assurance reviewer met with the Group Home to discuss the results of the 2014-2015 QAR. The Group Home scored at or above the minimum acceptable score; therefore, a Quality Improvement Plan was not required of the Group Home. However, OHCMD quality assurance reviewer has and will continue to provide ongoing technical support, training, and consultation, as needed to the Group Home.